Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 1 of 59

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Id	entify Yourself			
			About Debtor 1:	Ab	oout Debtor 2 (Spouse Only in a Joint Case):
1.	Your fu	ull name			
	your go picture exampl license Bring you	ne name that is on overnment-issued identification (for e, your driver's or passport). our picture cation to your g with the trustee.	Kimberly First name A Middle name Krocza Last name and Suffix (Sr., Jr., II, III)	Mic	ddle name st name and Suffix (Sr., Jr., II, III)
2.	used in Include	er names you have the last 8 years your married or names.	Kym Krocza		
3.	your So numbe Individ	ne last 4 digits of ocial Security or or federal ual Taxpayer ication number	xxx-xx-1349		

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 2 of 59

Case number (if known)

Debtor 1 Kimberly A Krocza

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	36300 N Wilson Rd	If Debtor 2 lives at a different address:
		Ingleside, IL 60041 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Lake County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Entered 02/13/18 21:05:18 Page 3 of 59 Case 18-03941 Doc 1 Filed 02/13/18 Desc Main

Document Case number (if known) Debtor 1 Kimberly A Krocza

7.	The chapter of the Bankruptcy Code you are		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7							
			Chapter 11						
			Chapter 12						
			Chapter 13						
8.	How you will pay the fee	•	about how yo	u may pay. Ty _l attorney is sub	pically, if you are paying the fee you	with the clerk's office in your local court for more de irself, you may pay with cash, cashier's check, or mo f, your attorney may pay with a credit card or check	ney		
					stallments. If you choose this option ts (Official Form 103A).	n, sign and attach the Application for Individuals to P	зу		
			but is not req	uired to, waive	your fee, and may do so only if you	only if you are filing for Chapter 7. By law, a judge m r income is less than 150% of the official poverty line installments). If you choose this option, you must fill	that		
						al Form 103B) and file it with your petition.	Jul		
).	Have you filed for bankruptcy within the	■ N							
	last 8 years?	☐ Y				_			
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ N	0						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ N	o. Go to I	ne 12.					
		☐ Y	es. Has yo	ur landlord obt	ained an eviction judgment against	you?			
				No. Go to line	40				
				No. Go to line	12.				

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

Deb	otor 1 Kimberly A Krocz	a		Document Page 4 of 59 Case number (if known)
Par	t 3: Report About Any Bu	einossos	Vau Own	a as a Solo Proprietor
	•	1511162262	Tou Own	as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.
		☐ Yes.	Name	and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State & ZIP Code
	it to this petition.		Chec	k the appropriate box to describe your business:
				Health Care Business (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))
				Commodity Broker (as defined in 11 U.S.C. § 101(6))
				None of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you ir	der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B).
		■ No.	I am r	not filing under Chapter 11.
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.	iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention
	Do you own or have any			
14.	property that poses or is	■ No.		
	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is	the hazard?
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?

Official Form 101

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 5 of 59

Debtor 1 Kimberly A Krocza

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

I received a briefing from an approved credit
counseling agency within the 180 days before I filed
this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 6 of 59 Case number (if known) Debtor 1 Kimberly A Krocza Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." vou have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kimberly A Krocza Signature of Debtor 2 Kimberly A Krocza

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on February 12, 2018

MM / DD / YYYY

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 7 of 59

Debtor 1 Kimberly A Krocza Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mila Gloria Novak	Date	February 12, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Mila Gloria Novak 6184136		
Printed name		
Mila Gloria Novak		
Firm name		
2300 W. Lake St		
Melrose Park, IL 60160-3623		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	
6184136		
Bar number & State		

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

		Docum	ent Page 8 of 59	
Fill in this inform	mation to identify your	case:		
Debtor 1	Kimberly A Krocz	za		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				☐ Check if this is an
(ii kilowii)				amended filing
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 216,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 20.825.00 1c. Copy line 63, Total of all property on Schedule A/B..... 236,825.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 209.860.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... 117,591.00 Your total liabilities 327.451.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,577.33 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 3,080.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Case 18-03941 Doc 1 Document

Page 9 of 59 Case number (if known) Debtor 1 Kimberly A Krocza

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,661.25

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	С	ase 18-03942	L Doc 1	Filed 02/13/2 Document	L8 Entered 02/13/18 Page 10 of 59	8 21:05:18	Desc	Main
Fill	in this info	mation to identify	your case and th					
Deb	otor 1	Kimberly A I	Krocza					
		First Name		e Name	Last Name			
	otor 2 use, if filing)	First Name	Middle	e Name	Last Name			
Unit	ted States B	ankruptcy Court for	the: NORTHER	N DISTRICT OF I	LLINOIS			
		. ,					_	
Cas	se number							Check if this is an amended filing
SC n eachink	chedu ch category, it fits best.	Be as complete and a re space is needed, a	coperty escribe items. List	le. If two married pe	If an asset fits in more than one ople are filing together, both are on the top of any additional pages,	equally responsible	e for suppl	ying correct
Part	1 Describe	e Each Residence. Bu	uilding, Land, or Ot	her Real Estate You	Own or Have an Interest In			
	No. Go to Pa	is the property?		What is the prop	ortin 2 Chapter II the temple			
1.1	36300 N	Wilson Rd		Single-fan	erty? Check all that apply	Do not doduct oco	urad alaime	or exemptions Dut
	Street address	s, if available, or other des	cription	Duplex or	multi-unit building ium or cooperative	the amount of any	secured cla	s or exemptions. Put aims on Schedule D: Secured by Property.
	Ingleside	lL State	60041-0000 ZIP Code	☐ Manufactu☐ Land☐ Investmen	red or mobile home	Current value of tentire property?	р	Surrent value of the ortion you own?
	ŕ			☐ Timeshare	rest in the property? Check one	Describe the natu	ure of your	ownership interest y by the entireties, or
	Lake			Debtor 2 o	•			
	County			☐ At least or	and Debtor 2 only the of the debtors and another the you wish to add about this item cation number:	(see instructions		nity property
					es from Part 1, including any			\$216,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

Debtor 1	Case 18-03941	Doc 1	Filed 02/13/18 Document	Entered 02/13/18 21:05:18 Page 12 of 59 Case number (if known)	Desc Main
	Kimberly A Krocza			Case Humber (# known)	
⊔ Ye:	s. Describe				
	ment for sports and hobbie ples: Sports, photographic, e musical instruments		other hobby equipment;	picycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
☐ Ye	s. Describe				
■ No	rms nples: Pistols, rifles, shotgun s. Describe	ns, ammunitior	n, and related equipmen		
☐ No	nes mples: Everyday clothes, furs s. Describe	s, leather coats	s, designer wear, shoes	accessories	
	misc c	lothing			\$300.00
■ No □ Yes 13. Non- Exai	mples: Everyday jewelry, cos s. Describe farm animals mples: Dogs, cats, birds, hors s. Describe		engagement rings, wed	ding rings, heirloom jewelry, watches, gems,	gold, silver
	Americ	can Eskimo	service dog 13 year	s old	\$10.00
	3 resci	ue cats			\$10.00
■ No			u did not already list, iı	ncluding any health aids you did not list	
for	Part 3. Write that number h	nere		ny entries for pages you have attached	\$1,270.00
	Describe Your Financial Assets own or have any legal or ed		est in any of the follow	ing?	Current value of the portion you own?
					Do not deduct secured claims or exemptions.
☐ No				osit box, and on hand when you file your petit	claims or exemptions.
<i>Exai</i> □ No	mples: Money you have in yo				claims or exemptions.

Official Form 106A/B

Schedule A/B: Property

Debtor 1	Case 18-03941 Kimberly A Krocza		02/13/18 cument	Entered 02/13/18 21:05:18 Page 13 of 59 Case number (if known)	Desc Main
	17.1.	Checking and savings combined	Chase		\$400.00
Exam	s, mutual funds, or public nples: Bond funds, investm		age firms, moi	ney market accounts	
■ No □ Yes.		Institution or issuer nam	ne:		
-	oublicly traded stock and venture	interests in incorporat	ed and uninc	orporated businesses, including an interes	t in an LLC, partnership, and
☐ Yes.	. Give specific information Na	about them me of entity:		% of ownership:	
Nego		personal checks, cashie	s' checks, pro	egotiable instruments missory notes, and money orders. by signing or delivering them.	
	. Give specific information Iss	about them uer name:			
Exam □ No		SA, Keogh, 401(k), 403(o), thrift saving	gs accounts, or other pension or profit-sharing	plans
■ Yes.	. List each account separa Type	tely. of account:	Institution r	name:	
	TRS		incomple years	ete TRS, not vested, only has 17	Unknown
	401K	S	Herzing 4	101K	\$150.00
	surs	account	SURS Re	tirement no cash value	\$0.00
Your : Exam		ts you have made so that		tinue service or use from a company ctric, gas, water), telecommunications compan	nies, or others
■ No □ Yes.			Institution r	name or individual:	
23. Annui	ities (A contract for a perio	dic payment of money to	you, either fo	r life or for a number of years)	
☐ Yes.	lssuer nam	ne and description.			
	sts in an education IRA, i 5.C. §§ 530(b)(1), 529A(b),		fied ABLE pro	ogram, or under a qualified state tuition pro	ogram.
	Institution i	name and description. S	eparately file t	he records of any interests.11 U.S.C. § 521(c):	
25. Trusts ■ No	s, equitable or future inte	rests in property (othe	r than anythir	ng listed in line 1), and rights or powers exe	ercisable for your benefit
☐ Yes.	. Give specific information	about them			
	ts, copyrights, trademark				

Official Form 106A/B Schedule A/B: Property page 4

 $\hfill\square$ Yes. Give specific information about them...

De	btor 1	Kimberly A Krocza	Document	Page 14 of 59_{C}	ase number (if known)		
ı	<i>Exam</i> ■ No	es, franchises, and other gener oles: Building permits, exclusive lic Give specific information about the	censes, cooperative associatio	n holdings, liquor license	es, professional license	es	
Мо	ney or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.	
I	□ No	funds owed to you Give specific information about th	em, including whether you alre	eady filed the returns and	I the tax years		
			anticipated 2017		federal	\$500.00	
ı	 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No □ Yes. Give specific information 						
ı	<i>Examp</i> ■ No	amounts someone owes you bles: Unpaid wages, disability insubenefits; unpaid loans you m		nefits, sick pay, vacation	pay, workers' comper	nsation, Social Security	
ı	Exam _l ■ No	sts in insurance policies oles: Health, disability, or life insur Name the insurance company of		(HSA); credit, homeowne	er's, or renter's insuran	ce	
•		Company r		Beneficiary	<i>r</i> :	Surrender or refund value:	
ı	If you somed	terest in property that is due yo are the beneficiary of a living trust one has died. Give specific information			urrently entitled to rece	vive property because	
ı	<i>Exam</i> µ ■ No	s against third parties, whether obles: Accidents, employment dispu			or payment		
ı	No	contingent and unliquidated cla	ims of every nature, includin	g counterclaims of the	edebtor and rights to	set off claims	
I	No	nancial assets you did not alread	dy list				
36.		the dollar value of all of your en art 4. Write that number here				\$1,055.00	
Par	t 5: De	scribe Any Business-Related Prope	rty You Own or Have an Interest	In. List any real estate in I	L Part 1.	-	

Case 18-03941 Doc 1 Filed 02/13/18

Entered 02/13/18 21:05:18 Desc Main

Official Form 106A/B Schedule A/B: Property page 5

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Page 15 of 59
Case number (if known) Document Debtor 1 Kimberly A Krocza 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$216,000.00 56. Part 2: Total vehicles, line 5 \$18,500.00 57. Part 3: Total personal and household items, line 15 \$1,270.00 Part 4: Total financial assets, line 36 58. \$1,055.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$20,825.00 \$20,825.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$236,825.00

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

		I A A A HIII.		
Fill in this infor	mation to identify your	case:		
Debtor 1	Kimberly A Krocz	za		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)		_		Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
36300 N Wilson Rd Ingleside, IL 60041 Lake County	\$216,000.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2017 Mitsubishi Mirage 7000 miles	\$17,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line Holli Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit	
2004 mitsubishi endeavor 120000 miles	\$1,500.00		\$1,500.00	735 ILCS 5/12-1001(b)
car is currently not driveable Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
Misc household items Line from Schedule A/B: 6.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Eine from Genedate AVD. G.1			100% of fair market value, up to any applicable statutory limit	
desktop, 7 years old, laptop 7 years old, samsung phone, 2 Roku TV 40"	\$450.00		\$450.00	735 ILCS 5/12-1001(b)
and 49" 3 and 1 year old Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 17 of 59

Case number (if known)

	rambony / ra colu				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	misc clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
	Ellie Holli Golloddie 172. TTT			100% of fair market value, up to any applicable statutory limit	
	American Eskimo service dog 13 years old	\$10.00		\$10.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
	3 rescue cats Line from Schedule A/B: 13.2	\$10.00		\$10.00	735 ILCS 5/12-1001(b)
Line Holli Schedule A/B. 13.2				100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$5.00		\$5.00	735 ILCS 5/12-1001(b)
	Ellie Holli Geriedale PAB. 1011			100% of fair market value, up to any applicable statutory limit	
	Checking and savings combined:	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	401K: Herzing 401K Line from Schedule A/B: 21.2	\$150.00		\$150.00	735 ILCS 5/12-1006
	Ellie Holli Golloddie 772. 2112			100% of fair market value, up to any applicable statutory limit	
	federal: anticipated 2017 Line from Schedule A/B: 28.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
	Ellie Holli Geriedale PAB. 2011			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No □ Yes. Did you acquire the property cover □ No	3 years after that for ca	ises fi		
	Π Yes				

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

	Document Pac	<u>ie 18 of 59</u>			
Fill in this information to identify ye	our case:				
Debtor 1 Kimberly A Kr	0073				
First Name	Middle Name Last N	ame	_		
Debtor 2					
(Spouse if, filing) First Name	Middle Name Last N	ame	_		
United States Bankruptcy Court for th	e: NORTHERN DISTRICT OF ILLINOIS				
Cimea Ciaice Daimi aproj Coair is: ai			_		
Case number					
(if known)			☐ Check	if this is an	
			amend	ded filing	
O#:-:-! F 400D					
Official Form 106D					
Schedule D: Creditor	s Who Have Claims Sec	ured by Proper	ty	12/15	
	e. If two married people are filing together, both it out, number the entries, and attach it to this f				
number (if known).	· · · · · · · · · · · · · · · · · · ·	,	,		
I. Do any creditors have claims secured	by your property?				
☐ No. Check this box and submit	t this form to the court with your other schedu	ules. You have nothing else	e to report on this form.		
Yes. Fill in all of the informatio	n holow	· ·			
	il below.				
Part 1: List All Secured Claims		Column A	Column B	Column C	
	s more than one secured claim, list the creditor sep	parately			
	as a particular claim, list the other creditors in Part etical order according to the creditor's name.	 As Amount of claim Do not deduct the 	Value of collateral that supports this	Unsecured portion	
	· ·	value of collateral.	claim	If any	
2.1 Baxter Ecu/BCU	Describe the property that secures the clair		\$17,000.00	\$0.00	
Creditor's Name	2017 Mitsubishi Mirage 7000 miles	5			
400 North Lakeview					
Parkw	As of the date you file, the claim is: Check all	that			
Vernon Hills, IL 60061	apply.				
Number, Street, City, State & Zip Code	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortgag	e or secured			
Debtor 2 only	car loan)	0 01 0000100			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lion)			
☐ At least one of the debtors and another	_	ilett)			
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt	— Other (including a right to offset)				
Opened					
01/17 Last Active					
Date debt was incurred 12/14/17	Last 4 digits of account number)100			
<u> </u>					
2.2 Wells Fargo Hm Mortgag	Describe the property that secures the clair	n: \$193,985.00	\$216,000.00	\$0.00	
Creditor's Name	36300 N Wilson Rd Ingleside, IL		\$210,000.00	\$0.00	
Greater o Hame	60041 Lake County				
	COUTT Lake County				
8480 Stagecoach Cir	As of the date you file, the claim is: Check all	that			
Frederick, MD 21701	apply. Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as mortgag	e or secured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of the debtors and another		•			

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 19 of 59

Debtor 1 Kimberly A Krocza			C	ase number (if know)	
First Name	Middle Na	me Last Name			
☐ Check if this claim re	elates to a	Other (including a right to offset)			
Date debt was incurred	Opened 06/09 Last Active 12/06/17	Last 4 digits of account number	7652		
	of your form, add t	olumn A on this page. Write that number he dollar value totals from all pages.	nere:	\$209,860.00 \$209,860.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

			Docum	ent Page 2	0 of 59	
Fill in	this information	on to identify your o				
Debto	r 1 K	(imberly A Krocz	а			
		irst Name	Middle Name	Last Name		
Debto						
(Spouse	if, filing) Fi	irst Name	Middle Name	Last Name		
United	l States Bankrup	ptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case	number					
(if know	n)					☐ Check if this is an
						amended filing
Offic	ial Form 10	06F/F				
			ho Have Unsec	ured Claims		12/15
					Part 2 for creditors with NONPRIC	RITY claims. List the other party to
Schedu Schedu eft. Atta	le G: Executory (le D: Creditors W	Contracts and Unexpi Who Have Claims Secu Ition Page to this pag	ired Leases (Official Form ured by Property. If more	106G). Do not include space is needed, copy	contracts on Schedule A/B: Proper any creditors with partially secure the Part you need, fill it out, numb do not file that Part. On the top of	ed claims that are listed in per the entries in the boxes on the
Part 1	List All of	Your PRIORITY Un	secured Claims			
1. Do	any creditors ha	ave priority unsecured	d claims against you?			
	No. Go to Part 2.					
	Yes.					
Part 2	List All of	Your NONPRIORIT	Y Unsecured Claims			
3. Do	any creditors ha	ave nonpriority unsec	ured claims against you?			
	No. You have not	thing to report in this pa	art. Submit this form to the	court with your other sch	edules.	
	Yes.					
un: tha	secured claim, list	the creditor separately	for each claim. For each cl	laim listed, identify what	o holds each claim. If a creditor has type of claim it is. Do not list claims a n three nonpriority unsecured claims	already included in Part 1. If more
						Total claim
4.1	Advocate C	ondell Medical C	enter Last 4 dig	its of account number	7251	Total claim \$4,829.00
4.1	Nonpriority Cred	ditor's Name			7251	
4.1	Nonpriority Cred PO Box 657	ditor's Name		its of account number the debt incurred?	7251	
4.1	Nonpriority Cred PO Box 657 Carol Strea	ditor's Name	When was			
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street	ditor's Name 72 m, IL 60197	When was	the debt incurred?		
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one.	When was	the debt incurred?		
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street 6 Who incurred to	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one.	When was	the debt incurred? date you file, the claim		
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street 6 Who incurred t Debtor 1 onl	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one. ly	When was As of the o	the debt incurred? date you file, the claim gent dated		
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street (Who incurred t Debtor 1 onl Debtor 2 onl	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one. ly	When was As of the o	the debt incurred? date you file, the claim gent dated	is: Check all that apply	
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street 6 Who incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one. ly ly d Debtor 2 only	When was As of the of	the debt incurred? date you file, the claim gent dated ed ONPRIORITY unsecure	is: Check all that apply	
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street 6 Who incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one Check if this	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one. ly ly d Debtor 2 only of the debtors and and	When was As of the of Conting Unliquid Dispute Type of No nunity Obligat	the debt incurred? date you file, the claim gent dated ed ONPRIORITY unsecure t loans ions arising out of a sepa	is: Check all that apply	\$4,829.00
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street 6 Who incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one Check if thi debt Is the claim sul	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one. ly ly d Debtor 2 only of the debtors and and	When was As of the o Conting Unliquid Dispute Type of No nunity Obligat report as p	the debt incurred? date you file, the claim gent dated ed ONPRIORITY unsecure t loans ions arising out of a separiority claims	is: Check all that apply ed claim: aration agreement or divorce that you	\$4,829.00
4.1	Nonpriority Crec PO Box 657 Carol Streat Number Street 6 Who incurred t Debtor 1 onl Debtor 2 onl Debtor 1 and At least one Check if this	ditor's Name 72 m, IL 60197 City State Zlp Code the debt? Check one. ly ly d Debtor 2 only of the debtors and and	When was As of the o Conting Unliquid Dispute Type of No studen unnity Obligat report as p Debts to	the debt incurred? date you file, the claim gent dated ed ONPRIORITY unsecure t loans ions arising out of a separiority claims	is: Check all that apply	\$4,829.00

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 21_of 59

Debtor 1 Kimberly A Krocza Case number (if know) 4.2 \$1,079.00 Amex Last 4 digits of account number 6033 Nonpriority Creditor's Name Correspondence Opened 07/03 Last Active Po Box 981540 When was the debt incurred? 12/10/17 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.3 ATT Last 4 digits of account number 3411 \$106.00 Nonpriority Creditor's Name P O Box 8100 When was the debt incurred? Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Telephone ☐ Yes **Bank Of America** 4.4 Last 4 digits of account number 2978 \$20,159.00 Nonpriority Creditor's Name Nc4-105-03-14 Opened 04/11 Last Active Po Box 26012 When was the debt incurred? 8/04/17 Greensboro, NC 27410 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 22 of 59

Debtor 1 Kimberly A Krocza Case number (if know) 4.5 **Bank Of America** \$4,261.00 Last 4 digits of account number 9603 Nonpriority Creditor's Name Nc4-105-03-14 Opened 12/13 Last Active Po Box 26012 When was the debt incurred? 5/16/17 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes Centegra Health System 4.6 Last 4 digits of account number 0156 \$2,538.00 Nonpriority Creditor's Name PO Box 6204 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes 4.7 \$38,984.00 **Chase Card** Last 4 digits of account number 4658 Nonpriority Creditor's Name Opened 01/04 Last Active Po Box 15298 When was the debt incurred? 10/13/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 23 of 59

Debtor 1 Kimberly A Krocza Case number (if know) 4.8 \$2,369.00 **Chase Card** Last 4 digits of account number 0101 Nonpriority Creditor's Name Opened 01/09 Last Active Po Box 15298 When was the debt incurred? 12/15/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.9 Citibank \$405.00 Last 4 digits of account number 7369 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Opened 12/14 Last Active **Bankruptcy** When was the debt incurred? 1/18/17 Po Box 790040 S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify 4 1 Citibank/The Home Depot 6017 \$1,380.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Opened 12/06 Last Active Bankruptcy When was the debt incurred? 11/11/17 Po Box 790040 St Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Charge Account

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 24 of 59

Debtor 1 Kimberly A Krocza Case number (if know) 4.1 \$415.00 Comcast 8382 Last 4 digits of account number Nonpriority Creditor's Name PO Box 34227 When was the debt incurred? Seattle, WA 98124 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify cable 4.1 **ComEd Bankruptcy Group** 8028 \$657.00 Last 4 digits of account number Nonpriority Creditor's Name 2100 Swift Dr When was the debt incurred? Oak Brook Terrace, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify electrical 4.1 Comenity Bank/Lane Bryant 7398 \$172.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/06 Last Active Po Box 182125 When was the debt incurred? 10/28/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 25 of 59

Case number (if know) Debtor 1 Kimberly A Krocza 4.1 \$543.00 Comenitycapital/smplyb 5860 Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 08/14 Last Active Po Box 182120 When was the debt incurred? 11/28/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Commerce Bk 1367 \$733.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/13 Last Active Po Box 411036 When was the debt incurred? 10/16/17 Kansas City, MO 64141 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.1 **Discover Financial** 6007 \$4,368.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 01/11 Last Active Po Box 3025 When was the debt incurred? 10/15/17 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 26 of 59

Debtor 1 Kimberly A Krocza Case number (if know) 4.1 Fifth Third Bank 0270 \$7,576.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptch Department Opened 12/14 Last Active 1830 E Paris Ave Se When was the debt incurred? 5/31/17 Grand Rapids, MI 49546 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.1 First National Bank 8123 \$1,941.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn: FNN Legal Dept Opened 01/14 Last Active When was the debt incurred? 1620 Dodge St Mailstop Code 3290 6/21/17 Omaha, NE 68191 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 Harris & Harris 0831 \$2,539.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 111 W Jackson Blvd When was the debt incurred? Opened 5/04/17 Suite 400 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Centegra Health System ☐ Yes

Official Form 106 E/F

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 27 of 59
Case number (if know)

Debtor 1 Kimberly A Krocza 4.2 Lvnv Funding Llc 5395 \$4,533.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 740281 When was the debt incurred? Houston, TX 77274 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Ace Hardware ☐ Yes 4.2 **McHenry Pathology** 4460 \$172.00 Last 4 digits of account number Nonpriority Creditor's Name P O Box 698 When was the debt incurred? Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical 4.2 McHenry Radiologists 5935 \$12.00 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 220** When was the debt incurred? McHenry, IL 60051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 28 of 59

Case number (if know) Debtor 1 Kimberly A Krocza 4.2 **Mercy Health** 8578 \$590.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P O Box 5003 When was the debt incurred? Janesville, WI 53547 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical ☐ Yes 4.2 **Nicor Gas** 204B \$84.00 Last 4 digits of account number Nonpriority Creditor's Name Attention: Bankruptcy Department When was the debt incurred? Po Box 190 Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify gas 4.2 Synchrony Bank/ Old Navy 2942 \$439.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 11/16 Last Active Po Box 965005 When was the debt incurred? 11/28/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 29 of 59

Debtor 1 Kimberly A Krocza Case number (if know) 4.2 \$4,088.00 Synchrony Bank/Amazon 3888 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 05/14 Last Active Po Box 965060 When was the debt incurred? 12/28/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.2 Synchrony Bank/Care Credit 3806 \$2,674.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/11 Last Active When was the debt incurred? Po Box 965060 12/28/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Synchrony Bank/Old Navy 4672 \$2,125.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/16 Last Active Po Box 965060 When was the debt incurred? 11/28/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

Official Form 106 E/F

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 30 of 59

Case number (if know)

Debtor 1 Kimberly A Krocza 4.2 Synchrony Bank/Sams Club 8172 \$395.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Opened 03/13 Last Active Po Box 965060 When was the debt incurred? 8/09/17 Orlando, FL 32896 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 Wells Fargo Bank 6750 \$7,425.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 10438 Opened 03/12 Last Active Macf8235-02f When was the debt incurred? 11/28/17 Des Moines, IA 50306 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Frontline Asset Strategies LLC Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2700 Snelling Ave N, Ste 250 Part 2: Creditors with Nonpriority Unsecured Claims Saint Paul, MN 55113 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Harris and Harris** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W Jackson Blvd #400 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total

claims Official Form 106 E/F Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 31 of 59

Debtor 1 Ki	mberly	A Krocza Document Page 3	Case n	19 number (if knov	w)
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				-	Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims n Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ ———	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	117,591.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	117,591.00

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

		1706111116	111 FAUE 37 UL 39			
Fill in this information to identify your case:						
Debtor 1	Kimberly A Krocz	za				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main

		Docume	ent Page 33 d	of 59	
Fill in this in	nformation to identify your	case:			
Debtor 1	Kimberly A Kroca	70			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numbe	er				
(if known)				☐ Check if t	this is an
				amended	l filing
Schedu Codebtors a Deople are fi	iling together, both are equ	re also liable for any deb ally responsible for supp	lying correct informat	s complete and accurate as possible. If tw ion. If more space is needed, copy the Ad o this page. On the top of any Additional	lditional Page,
	ind case number (if known)			o and page. On the top of any fraumenant	agoo,o
1. Do yo	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
Arizona,	California, Idaho, Louisiana O to line 3. Did your spouse, former spor	Nevada, New Mexico, Pu	erto Rico, Texas, Wash	y? (Community property states and territorie ngton, and Wisconsin.)	3 moldde
in line 2 Form 10 out Col	2 again as a codebtor only i 06D), Schedule E/F (Official umn 2.	f that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the sure you have listed the creditor on Sche 6G). Use Schedule D, Schedule E/F, or Sc	dule D (Official chedule G to fill
	olumn 1: Your codebtor ime, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you Check all schedules that apply:	owe the debt
21				□ Sahadula D. lina	
3.1	ame			U Schedule D, line	
				☐ Schedule E/F, line	
<u> </u>					
Nı Ci	umber Street	State	ZIP Code		
	ty	State	ZIF Code		
3.2				☐ Schedule D, line	
	ame			☐ Schedule E/F, line	
				☐ Schedule C/I , line	
_					
Nı Ci	umber Street	State	ZIP Code		
Ci	ıy	Giaid	ZIF COUR		

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 34 of 59

Cill	in this information to identify your c	200:							
	btor 1 Kimberly A								
	btor 2 puse, if filing)				_				
Uni	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	T OF ILLINOIS						
_	se number nown)					Check if this is: An amende A suppleme	nt showing	g postpetition	chapter
O	fficial Form 106I					MM / DD/ Y		mowing date.	
	chedule I: Your Inc	ome				IVIIVI / DD/ Y	Y Y Y		12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not filing wi	ng jointly, and your th you, do not inclu	spouse i	s livin natior	າg with you, inclu າ about your spo	ide inform use. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fil	ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status*	■ Employed□ Not employed			☐ Emplo	•		
	employers.	Occupation	math teacher						
	Include part-time, seasonal, or self-employed work.	Employer's name	College of Lake	County	,				
	Occupation may include student or homemaker, if it applies.	Employer's address	19351 W Washi Grayslake, IL 60		treet				
		How long employed th	<u>. , ,</u>		for A	dditional Emplo	ment Info	ormation	
Pai	Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to r	eport for a	any lir	ne, write \$0 in the	space. Inc	clude your nor	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		mbine the informatio	n for all e	mploy	ers for that perso	n on the lir	nes below. If y	ou need
					ı	For Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$_	2,639.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$_	243.75	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_	2,882.75	\$	N/A	

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 35 of 59

Deb	tor 1	Kimberly A Krocza	_	Cas	e number (if known)				
				Fo	r Debtor 1		Debtor 2		
	Cop	y line 4 here	4.	\$	2,882.75	\$		N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	396.50	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	211.25	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	-
	5e.	Insurance	5e.	\$	0.00	\$		N/A	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
	5g.	Union dues	5g.	\$	21.67	\$		N/A	
	5h.	Other deductions. Specify:	5h.+	- \$_	0.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	629.42	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,253.33	\$		N/A	_
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental)	8c. 8d. 8e.	\$ - \$ - \$ - \$ -	0.00 0.00 0.00 0.00 0.00	\$ \$ \$		N/A N/A N/A N/A N/A	- - -
		Nutrition Assistance Program) or housing subsidies.	04	Φ.	0.00	Φ.		NI/A	
	9.0	Specify: Pension or retirement income	— 8f. 8g.	\$ \$	0.00	\$		N/A	-
	8g. 8h.	Other monthly income. Specify: net from University of Herzing	8h.⊣	· -		+ \$		N/A N/A	-
	011.	net nom onversity of herzing		,	324.00	· —		11//	- □
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	324.00	\$		N/A	<u>\</u>
40	0-1	sulate monthly income. A LUE - 7 - E - 0	40 6		0.577.00			•	0.577.00
10.		culate monthly income. Add line 7 + line 9.	10. \$		2,577.33 + \$		N/A	= \$ _	2,577.33
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-					
11.	Inclu othe	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•		Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					12.	\$	2,577.33
13	Do :	you expect an increase or decrease within the year after you file this form	12					Combir month!	ned y income
10.	5 0 :	No.	• •						
	_	Yes Explain:							

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 36 of 59

Debtor 1	Kimberly A Krocza	Case number (if known)	
----------	-------------------	------------------------	--

Official Form B 6I Attachment for Additional Employment Information

Debtor	
Occupation	coordinator for campus partnersh
Name of Employer	Herzing University
How long employed	1 year
Address of Employer	W140 N 8917 Lilly Rd
	Menomonee Falls, WI 53051

Official Form 106I Schedule I: Your Income page 3

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 37 of 59

Fill	in this information to identify your case:				
	otor 1 Kimberly A Krocza		Check	if this is:	
	Tallisony A Talooza		□ A	n amended filing	
	ouse, if filing)				ving postpetition chapter the following date:
Unite	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLI	INOIS		MM / DD / YYYY	
				, 22,	
1	nown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to thin mber (if known). Answer every question.				
Part					
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	es for Separate House	hold of Debto	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes ☐ No
					☐ Yes
					□ No
					Yes
					□ No
3.	Do your expenses include ■ No				☐ Yes
	expenses of people other than				
	yourself and your dependents?				
Esti	t 2: Estimate Your Ongoing Monthly Expenses cimate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a supplicable date.				
the	lude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I: ficial Form 106I.)			Your expo	enses
,	,				
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	4. \$		1,275.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		583.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		108.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. \$ 4d. \$		0.00 0.00
5.	Additional mortgage payments for your residence, such as h	home equity loans	5. \$		0.00

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 38 of 59

Debtor 1	Kimberly A Krocza	Case num	ber (if known)	
6. Util	ities:			
6. Ulli 6a.		6a.	\$	200.00
6b.		6b.	· -	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	150.00
6d.		6d.		
			·	0.00
	od and housekeeping supplies	7.	·	300.00
_	Idcare and children's education costs	8.		0.00
Clo	thing, laundry, and dry cleaning	9.	·	10.00
). Per	sonal care products and services	10.	\$	30.00
. Me	dical and dental expenses	11.	\$	0.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	•	30.00
	not include car payments.		·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	4=	•	<u> </u>
	a. Life insurance	15a.	·	0.00
15b	o. Health insurance	15b.	*	0.00
15c	:. Vehicle insurance	15c.	\$	139.00
15d	I. Other insurance. Specify:	15d.	\$	0.00
. Tax	tes. Do not include taxes deducted from your pay or included in lines 4 or 20).		
	ecify:	16.	\$	0.00
	tallment or lease payments:			
	a. Car payments for Vehicle 1	17a.	· .	255.00
17b	c. Car payments for Vehicle 2	17b.	\$	0.00
17c	c. Other. Specify:	17c.	\$	0.00
17d	I. Other. Specify:	17d.	\$	0.00
3. Yo u	ur payments of alimony, maintenance, and support that you did not rep			2.22
	lucted from your pay on line 5, Schedule I, Your Income (Official Form	106I). 18.		0.00
9. O th	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
	ner real property expenses not included in lines 4 or 5 of this form or or			
20a	n. Mortgages on other property	20a.	\$	0.00
20b	o. Real estate taxes	20b.	\$	0.00
20c	:. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d	I. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	e. Homeowner's association or condominium dues	20e.		0.00
	er: Specify:		+\$	0.00
. Ju	er: Specily.		Τ Ψ	0.00
	culate your monthly expenses			
22a	a. Add lines 4 through 21.		\$	3,080.00
22b	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10)6J-2	\$	•
	a. Add line 22a and 22b. The result is your monthly expenses.		\$	3,080.00
				3,000.00
	culate your monthly net income.			
23a	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,577.33
23b	Copy your monthly expenses from line 22c above.	23b.	-\$	3,080.00
				,
230	:. Subtract your monthly expenses from your monthly income.	0.5	•	E02 67
	The result is your monthly net income.	23c.	\$	-502.67
4 D.	very average on increase and decrease in training arms and the first of a consequence	fton von file 41-1-	· farm?	
	you expect an increase or decrease in your expenses within the year a example, do you expect to finish paying for your car loan within the year or do you exp			se or decrease because o
	example, do you expect to finish paying for your car loan within the year or do you exp dification to the terms of your mortgage?	ect your mongage	рауппени и тисгеа	ise of decrease because of
	, , ,			
_ ⊔`	Yes. Explain here:			

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 39 of 59

Fill in this infor	mation to identify your	case:			
Debtor 1	Kimberly A Krocz				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official For	m 106Dec				
Declarat	tion About a	ın Individual	Debtor's S	chedules	12/15
obtaining mone years, or both. 1		n connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules fi	led with this declarati	on and
X /s/ Kin	nberly A Krocza		x		
	erly A Krocza		Signature	of Debtor 2	

Date _____

Date February 12, 2018

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 40 of 59

Fill in	this inform	nation to identify you	case:			
Debto	or 1	Kimberly A Krod	za			
	_	First Name	Middle Name	Last Name		
Debto (Spous	or 2 e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Office	u States Dai	ikiupicy Court for the.	- NORTHERN BIOTRIOT	OF TEEHVOID		
Case (if know	number				-	Check if this is an mended filing
	cial Foi ement		Affairs for Indivi	duals Filing for B	Bankruptcy	4/10
nform	nation. If me er (if known	ore space is needed,). Answer every ques	attach a separate sheet to	this form. On the top of an	equally responsible for sup y additional pages, write you	
		current marital statu		LIVEG BEIOTE		
_	_					
	J Married■ Not mare	ried				
2. D	uring the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No ■ Yes. List	all of the places you I	ived in the last 3 years. Do n	ot include where you live nov	v.	
ı	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
					nity property state or territory ico, Texas, Washington and W	
	■ No	les soms over fill sort Cal	and the University Condensates of Co	#inial Form 400U)		
L	■ Yes. Ma	ke sure you fill out Scr	nedule H: Your Codebtors (O	miciai Form 106H).		
Part 2	Explain	n the Sources of You	r Income			
F	ill in the tota	I amount of income yo	nployment or from operatir u received from all jobs and a have income that you receiv	all businesses, including part		ndar years?
] No					
	-	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Page 41 of 59
Case number (if known)

Document Debtor 1 Kimberly A Krocza

				Debtor 1			Dek	tor 2		
				Sources of income Check all that apply.	(befo	s income re deductions and sions)		rces of incects all that a		Gross income (before deductions and exclusions)
	r last calenda nuary 1 to De		1, 2017)	■ Wages, commissions, bonuses, tips		\$34,035.00		Vages, com uses, tips	missions,	
				☐ Operating a business				Operating a	business	
	r the calendar nuary 1 to De			■ Wages, commissions, bonuses, tips		\$22,283.00		Vages, com uses, tips	missions,	
				☐ Operating a business				Operating a	business	
	winnings. If you List each sou	ou are filir	ng a joint cas	pensions; rental income; inter e and you have income that y me from each source separa	you recei	ved together, list it	only on	ce under De	ebtor 1.	d gambling and lottery
				Debtor 1			Deb	otor 2		
				Sources of income Describe below.	each (before	s income from source re deductions and sions)	Sou	irces of inc		Gross income (before deductions and exclusions)
Pa	rt 3: List Ce	ertain Pay	ments You	Made Before You Filed for	Bankrup	otcy				
6.	No. No. No. in Do C E Yes. Do Do I	either Dedividual puring the Sandana No. Yes Subject to	btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cre not include adjustment Debtor 2 o 90 days befo Go to line 7 List below e include payo	ach creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years or both have primarily consure re you filed for bankruptcy, di ach creditor to whom you pai ments for domestic support o	umer del id you pa id a total nts for do his bankl is after th umer del id you pa	ots. Consumer dek se." by any creditor a tot of \$6,425* or more imestic support oblar ruptcy case. at for cases filed or ots. by any creditor a tot of \$600 or more ar	e in one ligations or after tal of \$6	or more pay, such as cher the date of 00 or more?	re? ments and the support a fadjustment.	ne total amount you nd alimony. Also, do
			attorney for	this bankruptcy case.				•		, ,
	Creditor's N	ame and	Address	Dates of payme	ent	Total amount paid	Am	ount you still owe	Was this p	payment for

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 42 of 59

Debtor 1	Kimberly A Krocza	Document	Page 42 of 59 Case number (if known)	

7.	Inside of war a bu	hin 1 year before you filed for bankrupto ders include your relatives; any general pa hich you are an officer, director, person in usiness you operate as a sole proprietor. 1 iony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their voting	erships of which g securities; an	h you are a gener nd any managing a	al partner; corporations agent, including one for
		No					
		Yes. List all payments to an insider.					
	Ins	ider's Name and Address	Dates of payment	Total amount paid	Amount yo still ow		this payment
3.	insi	hin 1 year before you filed for bankrupto der? ude payments on debts guaranteed or cosi		ments or transfer a	any property o	on account of a d	ebt that benefited an
		No					
		Yes. List all payments to an insider					
	Ins	ider's Name and Address	Dates of payment	Total amount paid	Amount yo still ow		this payment ditor's name
Par	t 4:	Identify Legal Actions, Repossession	s, and Foreclosures				
Э.	List	hin 1 year before you filed for bankrupto all such matters, including personal injury difications, and contract disputes. No Yes. Fill in the details.					
		se title	Nature of the case	Court or agency		Status of the	ne case
	Ca	se number					
10.		hin 1 year before you filed for bankrupto ck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		rty repossessed, f	oreclosed, ga	rnished, attache	d, seized, or levied?
	Cre	editor Name and Address	Describe the Property		D	ate	Value of the
			Explain what happened	l			property
11.		hin 90 days before you filed for bankrup ounts or refuse to make a payment beca No Yes. Fill in the details.		uding a bank or fir	nancial institu	tion, set off any	amounts from your
	Cre	editor Name and Address	Describe the action the	creditor took		ate action was	Amount
12.		hin 1 year before you filed for bankrupto rt-appointed receiver, a custodian, or an No Yes		rty in the possess		sken gnee for the ben	efit of creditors, a
Par	t 5:	List Certain Gifts and Contributions					
		hin 2 years before you filed for bankrupt No Yes. Fill in the details for each gift.	tcy, did you give any gifts	s with a total value	of more than	\$600 per person	?
		ts with a total value of more than \$600 r person	Describe the gifts			ates you gave ne gifts	Value
		rson to Whom You Gave the Gift and dress:					

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Page 43 of 59 Case number (if known) Document Debtor 1 Kimberly A Krocza 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates you contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? □ No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Flooding in 2017 July, couches, **July 2017** \$2,000.00 none flooring, personal property Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. П No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Mila Gloria Novak **Attorney Fees** 1-6-18 \$1.500.00 2300 W. Lake St Melrose Park, IL 60160-3623 mother 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Entered 02/13/18 21:05:18 Desc Main Case 18-03941 Doc 1 Filed 02/13/18 Page 44 of 59 Case number (if known) Document

Debtor 1 Kimberly A Krocza

19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No		ny property to a	self-settle	ed trust or similar device	of which you are a	
	☐ Yes. Fill in the details.						
	Name of trust	Description and	value of the pro	perty trans	sferred	Date Transfer wa made	S
Par	t 8: List of Certain Financial Accounts, Insti	ruments, Safe Deposi	t Boxes, and St	orage Uni	ts		
20.	sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa	other financial accou	nts; certificates	of deposi			
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution and	Last 4 digits of account number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last baland before closing o transf	or
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed fo	r bankruptcy, aı	ny safe de	posit box or other depo	sitory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit or	place other than you	r home within 1	year befo	re you filed for bankrup	cy?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control fo	or Someone Else					
23.	Do you hold or control any property that som for someone.	eone else owns? Incl	ude any proper	ty you bor	rowed from, are storing	for, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the proj (Number, Street, City, S Code)		Describe	the property	Valu	ıe
Pai	t 10: Give Details About Environmental Infor	mation					
For	the purpose of Part 10, the following definition	ns apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surfac	e water, ground				r
	Site means any location, facility, or property a	as defined under anv	environmental I	aw. wheth	er vou now own, operat	e, or utilize it or use	.d

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Page 45 of 59
Case number (if known) Document

Debtor 1 Kimberly A Krocza

24.	24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any enviro	onmental law? Include settlements a	nd orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Con	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity, e	ither full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in t	the details below for each business.						
	Business Name De Address	escribe the nature of the business	Employer Identification number Do not include Social Security n	umber or ITIN				
		ame of accountant or bookkeeper	Dates business existed	difficer of Fritte.				
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statement to	anyone about your business? Inclu	de all financial				
	■ No □ Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued						

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 46 of 59

Case number (if known)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

18 Kimberly A Krocza

Kimberly A Krocza

Signature of Debtor 2

Signature of Debtor 1

Date February 12, 2018

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person ... Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 47 of 59

Fill in this infor	rmation to identify your case:		
Debtor 1	Kimberly A Krocza		
Dahtara	First Name Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name Middle Name	Last Name	
United States B	ankruptcy Court for the: NORTHERN DIS	STRICT OF ILLINOIS	
Case number			_ 0
(if known)			Check if this is an amended filing
If you are an inc creditors have you have lea You must file th which on the If two married p sign a Be as complete	nt of Intention for Indidividual filing under chapter 7, you must five claims secured by your property, or used personal property and the lease has his form with the court within 30 days after ever is earlier, unless the court extends the form becople are filing together in a joint case, bund date the form.		t for the meeting of creditors, creditors and lessors you list formation. Both debtors must
	Your Creditors Who Have Secured Claims	D: Creditors Who Have Claims Secured by Property	(Official Form 106D) fill in the
information b	pelow.		
identity the ci	reditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's I	Baxter Ecu/BCU	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt	miles	 ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ Yes
Creditor's \	Wells Fargo Hm Mortgag	☐ Surrender the property. ☐ Retain the property and redeem it.	□No
Description of	f 36300 N Wilson Rd Ingleside, IL 60041 Lake County	☐ Retain the property and enter into a Reaffirmation Agreement.	Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

continue to pay

Describe your unexpired personal property leases

Will the lease be assumed?

securing debt:

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 48 of 59

Debtor 1 Kimberly A Krocza	Case number (if known)
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any	property of my estate that secures a debt and any personal
property that is subject to an unexpired lease.	, , , , , , , , , , , , , , , , , , , ,
X /s/ Kimberly A Krocza X	
Kimberly A Krocza Signature of Debtor 1	nature of Debtor 2
Date February 12, 2018 Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 53 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Kimberly A Krocza		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR DI	EBTOR(S)	
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filities rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy.	, or agreed to be paid	to me, for services ren	dered or to
	For legal services, I have agreed to accept			1,500.00	
	Prior to the filing of this statement I have received		\$	1,500.00	
	Balance Due		\$	0.00	
2. 5	\$ 335.00 of the filing fee has been paid.				
3. 7.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are mem	bers and associates of 1	my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				w firm. A
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	ts of the bankruptcy	case, including:	
ł	a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho	tement of affairs and plan which fors and confirmation hearing, and reduce to market value; exc ons as needed; preparation	n may be required; and any adjourned hea emption planning	rings thereof;	ing of
7. 1	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any di any other adversary proceeding.			es, relief from stay	actions or
		CERTIFICATION			
	Concerning that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	payment to me for r	epresentation of the de	btor(s) in
_F	ebruary 12, 2018	/s/ Mila Gloria No	vak		
D	ate	Mila Gloria Noval Signature of Attorne			
		Mila Gloria Noval			
		2300 W. Lake St	60160-2622		
		Melrose Park, IL	00100-3023		
		Name of law firm			

MILA G. NOVAK

Attorney at Law

Debt Relief Agency

2300 West Lake Street Melrose Park, IL 60160 Date: 1-4-18

Phone: (708) 343-9119 Fax: (708) 343-9109

Client Name:

ATTORNEY CONTRACT FOR BANKRUPTCY SERVICES

If you receive services from my office regarding bankruptcy, the law requires that you and I sign a written agreement. If you wish to hire me, you must sign below. My office will file a Bankruptcy Petition on your behalf. Fees are payable before filing or commencement of any work and non refundable once work commences. The court charges and our office's charges appear below. Since all bankruptcies are not identical and I cannot tell in advance all the services you may need, there may be additional charges that apply to you. If you sign below, you are agreeing to do the following: 1) to provide me with complete, accurate and truthful information; 2) to provide all the documentation requested; 3) to promptly respond to

any inquires I make and 4) to pay all fees before filing Chapter 7 or Chapter 13 in the plan.

Charges-cash only	Chapter 7	Chapter 13
Court Fees	\$335.00	\$310.00
Credit Report + Printing	\$35.00 single, \$50.00 joint	\$35 single, \$50.00 joint
Tax Return + Printing	\$50.00	\$50.00
Investigation as appropriate for each case	\$35 single, \$50 joint	\$35 single, \$50 joint
Attorney's Fees-Flat Fee non refundable once petition filed.	\$1,500.00 Thru 341 meeting only.	\$4000.00 thru plan confirmation only.
In case of no filing, dismissal or additional work the Billing Rate is \$300.00 per hour.	Attorney hourly rate: \$300.00	Attorney Hourly rate: \$300.00
TOTAL	\$1955 Single, \$1985 Joint	\$4,430.00 single, \$4,462 joint
Payment Plan: half of total before commencement of work,	All paid before filing.	1,500.00 before filing, balance in the Plan

You *must* be present to meet with the Trustee. Please bring with you a <u>photo id and social</u> <u>security card.</u> I will inform you by mail of the location, date and time. Please be advised that you are within your right to discharge me as your attorney at any time. You hereby agree to inform me in writing and give me notice in writing of such termination. You the client hereby <u>consents and authorizes</u> me to order a credit report and conduct an investigation to verify the information provided to me for purposes of this filing only. You also <u>consent and authorize</u> me to release information you have given me in relation to the bankruptcy petition to the United States Trustee for auditing purposes as required by bankruptcy law. Whenever necessary the information in this letter is verbally translated to Spanish. Due to <u>auditing</u> <u>requirements</u> you are responsible for keeping all documents in support of the bankruptcy petition such as bills, pay stubs, expenses etc. And to inform me of new address. I may use <u>Mercedes Jaile</u>, <u>Derek Lofland</u>, <u>Wayne Skelton</u>, <u>Raymond Kurz</u>, <u>Kelly Johnson</u> to cover the 341 Meeting and you are hereby informed AND hereby consent to such representation.

Record Retention: You agree that I may dispose of all files pertaining to our representation at any time five years after we have last performed services on such matters. And that I may discard certain documents such as drafts and copies: The retention of which soot significant to the protection of your interest.

ATTORNEY:

Client Signature SIGNIFIES THAT CLIENT AGREES TO PAY AS STATED ABOVE, ACKNOWLEDGE RECEIPT OF

NOTICES REQUIRED BY LAW AND HAS COMPLETELY AND ACCURATELY DISCLOSED

ALL INFORMATION:

X RL 1/4/17

Case 18-03941 Doc 1 Filed 02/13/18 Entered 02/13/18 21:05:18 Desc Main Document Page 55 of 59

United States Bankruptcy Court Northern District of Illinois

In re	Kimberly A Krocza		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	32
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	ors is true and correct to th	ne best of my
Date:	February 12, 2018	/s/ Kimberly A Krocza Kimberly A Krocza Signature of Debtor		

Advocate Condell Medical Center PO Box 6572 Carol Stream, IL 60197

Amex Correspondence Po Box 981540 El Paso, TX 79998

ATT P O Box 8100 Aurora, IL 60507

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Baxter Ecu/BCU 400 North Lakeview Parkw Vernon Hills, IL 60061

Centegra Health System PO Box 6204 Carol Stream, IL 60197

Chase Card Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63129

Comcast PO Box 34227 Seattle, WA 98124 ComEd Bankruptcy Group 2100 Swift Dr Oak Brook Terrace, IL 60523

Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitycapital/smplyb Po Box 182120 Columbus, OH 43218

Commerce Bk Po Box 411036 Kansas City, MO 64141

Discover Financial Po Box 3025 New Albany, OH 43054

Fifth Third Bank Attn: Bankruptch Department 1830 E Paris Ave Se Grand Rapids, MI 49546

First National Bank Attn: FNN Legal Dept 1620 Dodge St Mailstop Code 3290 Omaha, NE 68191

Frontline Asset Strategies LLC 2700 Snelling Ave N, Ste 250 Saint Paul, MN 55113

Harris & Harris 111 W Jackson Blvd Suite 400 Chicago, IL 60604

Harris and Harris 111 W Jackson Blvd #400 Chicago, IL 60604 Lvnv Funding Llc Po Box 740281 Houston, TX 77274

McHenry Pathology P O Box 698 Park Ridge, IL 60068

McHenry Radiologists PO Box 220 McHenry, IL 60051

Mercy Health P O Box 5003 Janesville, WI 53547

Nicor Gas Attention: Bankruptcy Department Po Box 190 Aurora, IL 60507

Synchrony Bank/ Old Navy Po Box 965005 Orlando, FL 32896

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Old Navy Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Club Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Wells Fargo Bank Po Box 10438 Macf8235-02f Des Moines, IA 50306

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701